File with: lows Ethics and Campaign Disclosure Board 510 E. 12th, Stc. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

% 	ETHICS AND
2008 00	117 AM 10: 31
FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
Comm. #	9068

DISCLOS	URE SUMMART PAGE	0000
COMMITTEE NAME (Must be same as on Statement	of Organization)	2008 OCT 17 AM 10: 3
Floya County Democratic IMPORTANT: Indicate by a type of committee you are report (1) Statewide/Legis lative/Judge Standing for Retention Cand (4) County Central Committee (5) County Candidate (6) Ci Subdivision Candidate (8) County PAC (9) City PAC (10) 11) Local Bellot Issue	ting for: HI Idate (2) State PAC (3) State Party Is Conditate (7) School Board or Other Paris	DR-2 DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Logged in Scanned Computer
Office Sought	District (if Senate or House)	
I AM FILING A Oct. 19, 200	NEP ON PON (1) ELECTIC	ON /(2)NON-ELECTION YEAR.
• • • •	indicate b	y# 🚺
CHECK IF AMENDMENT TO REPORT DATED		Local Committees, enter Date of Election
Check if this is final (termination) report and attach N (You must continue to file reports until a DR-3	lotice of Dissolution Form DR-3. is filed.)	County & Local Committees, enter County in which Election is held
STATEMENT OF CASH ON	HAND	
CASH ON HAND at the beginning of the reporting perion committee. This amount MUST be the same of the last reporting period or must be zero if the committee.	as the cash on hand at the end	854,17
ADD TOTAL MONEY TAKEN IN THIS PERIO	מכ	185 -5
Schedule A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)	685,00
Schedule F: Loans Received total (Attach Sci	hedule F)	•
Schedule H: Total Sales of Campaign Proper	ty (Attach Schedule H)	

1539,17 (Schedule H applies to Candidates' Committees Only) SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)............ Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) **UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) Ş STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions.	-	D1-	-4

CONTRIBUTIONS MONE	Y	TAKEN	iN
(Including condidate's para-		ul demokra	

COMMITTEE NAME (Must be same as on Statement of Organization)	_
Ployd Cunty Democratic Central Commitmee	

•	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NOING FORM

STATE CANDIDATES MOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTAE), LIST THE PAC EXHITIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID HUMBERS IS AVAILABLE FROM THE IDNA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MANDD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
Sept. 9	CKN	Uniterrized Contributions		\$ 188.00	INCOME
Sept. 30	ID# CK#	Unitomized Contributions toward Headquarters		497.00	
	IDW CK#				
	IDB CK#				
	ID#				
	ID#				
	CK#			-	
	CK#				L
	CK#				
i	CKN				
	CK#				
		TOTAL (Bland	SUB-TOTAL	\$ 685.00	
		TOTAL (If lest page	or unia schedule)	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the first degree of consenguisty (about relatives) and effinity (relatives by martiges). If assuments of contribution is the same as condidate, but there is no familiar relationship, enter not applicable? In the relationship column.

Page 1	of 1

			TOTAL (If last page of this schedule)	\$ 766 37
			SUB-TOTAL	
	CK#			
	ID#			
	CK#			
	ID#			<u> </u>
	CK#			
	ID#			<u> </u>
Scpt./Oct	CK#	300 N Main St. Charles City, IA 50616		.60
	ID#	First Citizens National Bank	Checking account charges	
Oct. 6	CK#	1766 Oak Drive Charles City, IA 50616	fundraising most.	58.77
	1D#	Rachel Hardman	Supplies for election headquaters and	
Sept. 28	CK#	207 N Main St. Charles City, IA 50616		40.00

-	_						
T	ш	\$ 80 2	(APPLIE	TO	CAMDIDATES	COMMITTEES ONLY	7.

Purchases of centeln campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-mining, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's commisse. (Refer to Schedule G instructions and lowe Code 684.402(3)(i).)

Page	1	of 1

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE FOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF NDING FORM

COMMITTEE	NAME (M	lust be same	as on Statemen	nt of Organization
				•

Flody County Democratic Central Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Diabursament) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
Sept 17	ID# CK#	Rachel Hardman 1766 Oak Drive Charles City, IA 50616	Roll of 100 stamps for mailing	\$ 42.00
Sopt. 18	ID# CK#	Robert Eggert 103 Kelly St. Charles City, IA 50616	Rent for election Headquarters	625.00
Sept. 28	ID# CK#	KCHA Radio 207 N Main St. Charles City, IA 50616	Advertising on day of debates	40,00
Oct. 6	ID#	Rachel Hardman 1766 Oak Drive Charles City, IA 50616	Supplies for election headquaters and fundraising meal.	58.77
Sept/Oct	ID# CK#	First Citizens National Bank 300 N Main St. Charles City, IA 50616	Checking account charges	.60
	ID# CK#			
,	ID# CK#			
	ID# CK#			

	Sl	JB-	T	OΤ	Ă	l

\$

TOTAL (If last page of this schedule)

\$ 766.37

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of cartain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to personalentities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code \$8A.402(3)(i).)

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Pax	18	of *	

(for Schedule 8)

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NOING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Floyd Cunty Democratic Central Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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Sept. 9	CK#	Uniternized Contributions		\$ 188.00	INCOM
Sept. 30	ID# CK#	Uniternized Contributions toward Eleadquarters		497.00	
	ID#				
	CK#				
	ID#				
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	CKW				
				\$ 685.00	
		TOTAL (If lest page o	of this schedule)	s	

ires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)